

CC VOLLEYBALL CAMP REGISTRATION FORM - 2010

(Please complete a separate registration form for each camper)

YOU CAN ALSO REGISTER ONLINE AT:

WWW.CC VOLLEYBALLCAMP.COM

To enroll in the CC Volleyball Camp and/or CC Preseason Clinic, complete and return this form along with a \$100 deposit per session or full payment made payable to **CC Volleyball Camp**.



Mail to:
CC Volleyball Camp
Connecticut College
270 Mohegan Ave.
Box 5337
New London, CT 06320



PLEASE CHECK THE CAMP SESSION(S) YOU ARE REGISTERING FOR:

_____ CC VOLLEYBALL CAMP, JUNE 25-28

_____ Commuter (\$395) includes lunch & dinner

_____ Overnight (\$450) includes breakfast, lunch, dinner & housing

Overnight campers will be assigned a single or double room depending on housing availability. If you have a roommate request, please list one name only in the following space: _____.

_____ CC PRESEASON CLINIC, SESSION I, AUGUST 23-26 (\$100)

4-6 PM for middle school and high school Freshman and JV players

_____ CC PRESEASON CLINIC, SESSION II, AUGUST 23-26 (\$100)

6:30-8:30 PM for high school varsity players

TOTAL AMOUNT ENCLOSED: _____

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Email address: _____

School: _____ Coach: _____

Grade entering in fall 2010: _____ Position(s): _____

Circle all levels you have played: Recreation JV Varsity Club

T-shirt size (circle one): YL AS AM AL AXL AXXL

Contact us: jaedm@conncoll.edu or 860-439-2704

CC VOLLEYBALL CAMP WAIVER STATEMENTS

All campers must have their own medical coverage. CC Volleyball Camp under the direction of Connecticut College Sports Camps provides only excess coverage after your insurance policy has been utilized. Campers will not be allowed to participate unless the following information is submitted and the form signed by the parent or guardian of the camper.

Camper's Insurance Company: _____

Policy Number: _____

I the undersigned, hereby certify that I am the parent or legal guardian of the camper. I hereby give permission for the staff of CC Volleyball Camp to seek during the period of the camp appropriate medical attention to be given and for the camper to receive medical attention in the event of accident, injury or illness.

I/We the undersigned, for ourselves, our heirs, executors and administrators, waive, release and forever discharge Connecticut College Volleyball Camp, Connecticut College Sports Camps, and its staff, officers, agents, employees, representatives, successors and assign of and from all rights and claims for damages, injury or loss to person or property which may be sustained or occur during participation in camp activities or while at camp. I/We the undersigned fully understand that Connecticut College will not be held liable for any occurrence at camp.

Date

Camper's signature

Camper's name (printed)

Date

Parent / Guardian signature

Parent's / Guardian's name (printed)